

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee MEDICINELOUISIANA P.O. Box 45171 Baton Rouge, LA 70895 Check If: New Committee <input type="checkbox"/>	2. Date of this Statement <div style="text-align: center;">1/26/2016</div>	Report Number: 56354 Date Filed: 1/26/2016									
	3. Estimated Membership <div style="text-align: center;">20</div>										
	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>										
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 33%;"><u>c. Address</u></td> </tr> <tr> <td>DR. STEVE SPEDALE</td> <td>Chairperson</td> <td></td> </tr> <tr> <td>DR. DALE COFFMAN</td> <td>Treasurer</td> <td>, LA P.O. Box 45171 Baton Rouge, LA 70895</td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	DR. STEVE SPEDALE	Chairperson		DR. DALE COFFMAN	Treasurer	, LA P.O. Box 45171 Baton Rouge, LA 70895
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>									
DR. STEVE SPEDALE	Chairperson										
DR. DALE COFFMAN	Treasurer	, LA P.O. Box 45171 Baton Rouge, LA 70895									
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> </tr> </table> <p style="text-align: center;">On attached sheet</p>			<u>a. Name</u>	<u>b. Address</u>							
<u>a. Name</u>	<u>b. Address</u>										
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input checked="" type="checkbox"/> Subsidiary Committee											
b. Name of Candidate	c. Office Sought by the Candidate										
9. a. Name of Person Preparing Report b. Daytime Telephone											
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>26th</u> day of <u>January</u> , <u>2016</u> . <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> <u>Steve Spedale</u> Signature of Committee/Chairperson </td> <td style="width: 40%;"> _____ Daytime Telephone </td> </tr> <tr> <td> <u>Dale Coffman</u> Signature of Committee Treasurer, if any </td> <td> _____ Daytime Telephone </td> </tr> </table>			<u>Steve Spedale</u> Signature of Committee/Chairperson	_____ Daytime Telephone	<u>Dale Coffman</u> Signature of Committee Treasurer, if any	_____ Daytime Telephone					
<u>Steve Spedale</u> Signature of Committee/Chairperson	_____ Daytime Telephone										
<u>Dale Coffman</u> Signature of Committee Treasurer, if any	_____ Daytime Telephone										

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

CHASE BANK

b. Address

451 Florida St.
Baton Rouge, LA 70801